



King County

VETERANS AND HUMAN SERVICES LEVY 2008 STRATEGY AREA ANNUAL REPORTS

Strategy 3.1

Increase Access to Behavioral Health Services Available through Community Health Centers, Public Health Centers, and Other Safety Net Clinics

OBJECTIVE

Levy funds allocated to Strategy 3 support the expansion of behavioral health services available to individuals in our community. The Service Improvement Plan recognized that a significant challenge for King County is the lack of access to behavioral health services, especially for individuals who are not eligible for Medicaid and long-term care in the public mental health system. To address the complex needs of target populations, Levy Activity 3.1 directed funds to expand evidence-based integrated behavioral health services in King County safety net primary care clinics and other community-based providers.

POPULATION FOCUS

This strategy serves vulnerable individuals and families who are not generally eligible for publicly funded mental health services, but are experiencing difficult life circumstances. These circumstances include mental illnesses and/or other chronic health conditions, problems with drug use or addiction, periodic or long-term homelessness, poverty, domestic violence or other circumstances that create instability and health risk.

This strategy also serves veterans, military personnel, and their families who may be struggling with or at risk for mental illness, substance abuse, homelessness, Post Traumatic Stress Disorder (PTSD), and associated health problems.

PROGRAM DESCRIPTION

Because of the prevalence of PTSD among veterans, Levy funds for this strategy were divided into programs for veterans and programs for non-veterans in need.

For non-veterans, the program aims to increase access to behavioral health services by integrating mental health care into safety net primary care settings. The service delivery model used in integrated mental health services is the collaborative stepped care model, also known as the IMPACT Model. The stepped care model is an evidence- and outcomes-based practice model that applies key concepts of the chronic care model to treat common mental disorders in a primary care setting. Collaborative stepped care has been shown to improve access, reduce overall costs, and improve mental health outcomes. The IMPACT model is listed on the National Registry of Evidence-based Programs and Practices (NREPP) through the Substance Abuse and Mental Health Services Administration (SAMHSA).

For veterans, Levy funds were organized into major grants and pilot grants for veteran-serving organizations:

- **Major grants.** Participating agencies will build or greatly enhance their capacity and expertise in meeting the needs of veterans and their families. Major grant recipients will be expected to implement or have in place mechanisms to engage and provide periodic mental health screening, including screening for PTSD, for target population(s). Recipients will also provide mental health assessment, diagnosis and

treatment through a collaborative, stepped care model. Efforts will be coordinated or integrated into existing mental health (MH) and chemical dependency (CD) and behavioral health strategies.

- **Pilot Grants.** In order to test service strategies, help build a better understanding of service gaps for veterans and their families, and add capacity to existing programs, participating agencies will pilot service delivery locations and strategies on a smaller scale. After two years, pilot projects will be renewed, expanded, or allowed to lapse depending on outcomes. Pilot projects build upon one or more intervention strategies, including outreach and linkage, prevention and early intervention activities, mental health/PTSD screening and referral, or adding veteran's focused resources to an existing collaborative, stepped care model to guide mental health assessment, diagnosis and treatment.

PROGRESS DURING 2008

For the non-veterans portion of this strategy, funds from the Human Services Levy were awarded via a Request for Proposal (RFP) process in February 2008, with awards made in April. As a result of the RFP, the King County Behavioral Health Safety Net Consortium, which is coordinated and administered by Community Health Plan, (CHP) was awarded funds to enhance integrated mental health/chemical dependency services in over twenty safety net medical clinics. The CHP will work with clinics to allocate resources to areas of greatest need, build appropriate caseloads in each clinic, and provide other technical assistance. Consortium members include:

- HealthPoint
- Country Doctor Community Health Centers
- International Community Health Services
- Harborview Medical Center
- Public Health - Seattle & King County
- Neighborcare Health
- Sea Mar Community Health Centers
- Seattle Indian Health Board

Due to late contract start dates, additional funds were available and awarded to the UW Harborview Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP) for project evaluation.

For veterans, funds for this strategy were awarded via two RFP processes, the first in February and the second in July. As a result of the first RFP, HealthPoint and Valley Cities Counseling and Consultation were awarded funds to pilot services targeting South King County military personnel and their families.

Funds from the Veterans Levy will be used to:

- Conduct a strategic outreach and engagement effort to connect south King County veterans and their families to appropriate primary care, mental health services, and other services as needed.
- Pilot a trauma clinician strategy, using a clinician with established expertise in war trauma to provide consultation to primary care providers on appropriate screening and treatment, crisis management, and linkage to other services for veterans.
- Enhance MH/CD staff resources at Renton and SeaTac Community Health Centers, building specialized expertise in addressing veterans' treatment needs.

Valley Cities also received funding to provide psychiatric consultation to the clinics in the project.

As a result of the second RFP, Seattle Indian Health Board and HealthPoint Kent were selected to pilot mental health services targeting King County military personnel and their families. International Community Health Services (ICHS) also received a pilot grant to conduct an assessment of outreach strategies and services needed for veterans and their families. They will provide referrals and linkages to existing ICHS clients and community services for all patients identified as veterans, military personnel, and their families through the assessment processes and through new patient intake.

Per the procurement plan, the University of Washington received funds to adapt their existing web-based registry, the Mental Health Integrated Tracking System, (MHITS) to track families served in this pilot. As indicated above, funds were also awarded to the UW Harborview Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP) for project evaluation.

Annual awards are as follows:

Agency	Veterans Funds	Human Services Funds	Total Levy Funds
HealthPoint	\$325,000		\$325,000
Seattle Indian Health Board	\$100,000		\$100,000
Valley Cities Counseling and Consultation	\$182,813		\$182,813
International Community Health Services	\$85,000		\$85,000
University of Washington Department of Psychiatry	\$106,945	\$64,000	\$170,945
Community Health Plan (Safety Net Consortium)		\$500,000	\$500,000
Total	\$799,758	\$564,000	\$1,363,758

For Human Services Levy-funded programs, new and increased staff in safety net clinics and expanded psychiatric consultation were in place as of July 2008.

For Veterans Levy-funded programs, service at Valley Cities commenced in May of 2008, as did technical assistance, training, and data management services from the University of Washington. Evaluation services from CHAMMP commenced in November. ICHS's needs assessment and Seattle Indian Health Board's contract both began in September 2008. HealthPoint did not begin providing services until October due to hiring challenges, and Seattle Indian Health Board began providing services in January 2009.

SERVICES PROVIDED

Number Served. In 2008, each component of this program began service. The Human Services Levy portion of the program served nearly 2,000 people; the Veterans Levy portion served 80.

	Total Served	East	North	Seattle	South
Human Services Levy	1,954	142	90	762	960
Veterans Levy	80			1	79

Living Situation. Of those for whom information was known, a majority of those in the Human Services Levy program were homeless; by contrast, only two of the 80 people served by the Veterans Levy program were homeless.

Living Situation		
	HS Levy	Veterans Levy
Homeless	792	2
Not Homeless	545	78
Unknown	617	0

Age Group. Those served were mainly adults, who ranged in age from 18 to 74. The Veterans Levy program served 60 veterans and active military personnel, seven spouses or partners of veterans, and 13 children of veterans.

Age Group		
	HS Levy	Veterans Levy
0 to 5		
6 to 10		
11 to 13		
14 to 17		1
18 to 34	429	23
35 to 59	1,394	36
60 to 74	126	15
75 to 84		
85 and over		
Unknown	5	5

Gender. Those served by both portions of this strategy were largely male.

Gender		
	HS Levy	Veterans Levy
Male	1,092	62
Female	859	14
Unknown	3	4

It should be noted that nine of the individuals served by the Human Services Levy programs were identified as veterans, but this is likely to be a significant underestimate, as veteran status was not routinely asked for this portion of the program in 2008. More information on veteran status, as well as on race/ethnicity, will be available for 2009.

These data are cumulative for Jan.-Dec. 2008, as the program leveraged resources from a state-funded project, the General Assistance Unemployable (GAU) Mental Health Pilot. The levy supported new and increased FTE in safety net clinics and expanded psychiatric consultation as of July 2008, so data reflects the first six months of implementation.

Service Locations and Service Provided

For the Human Services Levy portion of the program, 22 sites offered expanded capacity and measured increase in resources during 2008. A total of 1,915 clients presented positive for PTSD, trauma, depression, mental health, or substance abuse issues after screening. Of that total, 41 clients received outpatient chemical dependency treatment and completed treatment. (Please note that the Mental Health Integrated Tracking System (MHITS) is a web-based database in use by participating clinic sites to track patient progress and outcomes. There are minor user error issues that may result in under reporting.)

For the Veterans Levy portion of the program, 25 clients received treatment through integrated behavior health programs during 2008; 55 clients were reached through outreach and engagement strategies; 35 veterans and family members were screened for depression, mental health, substance abuse issues during primary visits; 35 veterans and military personnel were screened for PTSD during primary care visits; and three clinic sites began offering expanded capacity and measured increase in resources, with a fourth, Seattle Indian Health Board to come online in early 2009.

International Community Health Services, which received a pilot grant to conduct an assessment of outreach strategies and services needed for Asian and Pacific Islander veterans and their families, selected a sub contractor and is negotiating a contract for this 2009 activity. Final assessment report is due by the end of June 2009.

Outcomes

For the Human Services Levy portion of the program, of the 980 individuals who had been in treatment for 10 weeks or more, 122 or 12 percent had a 50 percent or greater improvement in their depression symptoms. The "success rate" captures progress to date in addressing depression in a complex target population: low income adults who are physically and/or mentally incapacitated and unemployable. Other important indicators include engaging this population in treatment for chemical dependency (CD). During the period, a total of 385 persons (39% of those engaged in consistent follow-up) had completed referrals for CD treatment.

For the Veterans Levy portion of the program, 80 veterans and their family members in South King County were screened for PTSD, depression, or other mental health concerns in primary care or mobile outreach, of this total, 39 (49 percent) screened positive for PTSD, depression, or anxiety. Staff members were able to engage 24 people in needed mental health interventions. The majority of those engaged received a full clinical assessment and half of those assessed returned for follow up. The program has not yet seen improved mental health outcomes among those served. Implementation at HealthPoint Auburn, Renton and SeaTac clinics, Valley Cities Counseling, and SIHB were late due to hiring delays; many challenges exist in developing community-based outreach, engagement, and treatment for veterans.

Project highlights

For the Human Services Levy portion of the program, the King County Behavioral Health Safety Net Consortium, which is coordinated and administered by Community Health Plan of Washington, is using Levy funds to enhance integrated mental health services in over twenty safety net medical clinics for clients who are uninsured and for clients eligible for state-funded GAU services.

In early November, Public Health–Seattle & King County and the University of Washington co-sponsored a two-day training for all social workers and other community health staff involved in this pilot project and in other behavioral health programs funded through the Veterans and Human Services Levy. Training for this pilot was provided primarily by faculty from the University of Washington Department of Psychiatry, Department of Social Work and Children's Medical Center.

Over 2,000 clients eligible for GAU coverage were screened and enrolled in the program by the end of 2008. In addition, Public Health–Seattle & King County worked with two organizations to plan and develop pilots specific to two groups of uninsured patients.

Two clinic pilots targeting uninsured adults begin implementation in November:

- Harborview Medical Center International Medicine Clinic served 800 uninsured adult immigrant and refugee patients in 2007, with the majority of patients Hispanic and Somali. In prior studies, 52% of clinic patients have been found to have a mental illness or substance abuse diagnosis.
- Public Health–Seattle & King County Eastgate Public Health Center is working with Valley Cities Counseling and Consultation to provide integrated behavioral health services to its clinic population in east King County. Eastgate served 5,000 diverse primary care patients, including 1,400 adults, in 2007. Around 47% of Eastgate patients were uninsured at their last 2007 visit.

For the Veterans Levy portion of the program, in November, the clinics implemented a web-based registry, the University of Washington Mental Health Integrated Tracking System, (MHITS) to track families served in this pilot in early November. MHITS is a key tool to evaluating the mental health outcomes of this pilot program. Data entry has been relatively complete for primary-care based services, but the project mobile mental health clinician has not yet started using MHITS. He will receive training and will begin to use the system in Q1 2009.

SUCCESS STORY

Rose (not her real name) was in a difficult situation. The 85-year-old World War II veteran, who was trying to make ends meet on a small fixed income from Social Security, had been boarding with her son and daughter-in-law. Unfortunately, it wasn't working out. Roses' family wasn't able to give her the care she needed, and neither her family nor Rose knew about the benefits she was entitled to as a veteran. Compounding the problem, Rose could no longer drive and had become virtually homebound.

Staff from Valley Cities Counseling and Consultation were able to help. They used levy funding to provide transportation to get Rose shopping and to medical appointments, and helped connect her with the Washington Department of Veterans Affairs (WDVA), Veterans of Foreign Wars, and the local housing authority to explore the benefits she had earned through her service to the country. With these connections, Rose was able to receive appropriate medical care and counseling, and then found her own apartment through a senior assistance housing program. She was even able to get her moving expenses covered by the WDVA.

Thanks to the levy, Rose is now active and independent. She lives comfortably in her own apartment, travels easily to run errands or visit the doctor, and enjoys the camaraderie of new friends at the VFW.

FOR MORE INFORMATION

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